



**Galvanize Therapeutics, Inc.**  
**Grant Request Form**

The Grants Committee was established in 2022 to support research and educational endeavors.

Our mission at Galvanize Therapeutics is to evaluate unsolicited requests to support research and certain educational events. The Committee’s central interest is to consider requests that may further scientific advancements or understanding of the clinical use of pulsed electric fields as a standalone treatment or in combination with other therapies.

*Instructions: Please fill out this form and provide it to the Grants Committee by emailing a PDF version of the completed form to [GrantsCommittee@galvanizetx.com](mailto:GrantsCommittee@galvanizetx.com) or mail a completed hard copy to:*

*Grants Committee  
Galvanize Therapeutics, Inc.  
3200 Bridge Parkway  
Redwood City, CA 94065*

Once the form has been received by the Grants Administrator, the Grants Committee members will review the application and will then notify applicant of a final decision.

**Part 1: Basic Information**

Requestor (i.e., Institution): \_\_\_\_\_  
Grant request date: \_\_\_\_\_

**Part 2: Donation requested by Requestor (cash or in-kind, e.g., demo product)**

Grant requested (cash): \_\_\_\_\_  
In-kind donation requested: \_\_\_\_\_

**Part 3(a): Grant Information**

Explain the purpose of the grant:  
\_\_\_\_\_  
\_\_\_\_\_

**Part 3(b): Grant Information (for educational events only)**

|  |  |
|--|--|
| Event date(s)                                  |  |
| Event location                                 |  |
| Sponsor of event<br>(likely same as Requestor) |  |
| Event objective(s)                             |  |
| CME credits                                    | Will CME credits be offered to attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How grant will be used                         |  |



|                    |   |
|--------------------|---|
| Fees               | Do attendees pay their own registration fee and accommodations?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Event independence | Does Galvanize Therapeutics have any control over the content of the program, speakers (unless asked by Requestor), or dictate to the Requestor individuals who should attend? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the event open equally to Galvanize Therapeutics customers and others who are not Galvanize Therapeutics customers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is Galvanize Therapeutics identified to attendees as a financial contributor?    Yes    No |



**Part 4: Requestor Information**

|  |   |
|--|---|
| Requestor type                             | <input type="checkbox"/> Academic (i.e., university, medical school)<br><input type="checkbox"/> Professional organization<br><input type="checkbox"/> Other, describe: |
| Mission of Requestor                       |   |
| For U.S. Entities: Tax status of Requestor | 501(c)(3) non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Will grant be provided directly to the Requestor organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No, describe:<br>_____                          |

**Part 5: For Investigator-Sponsored Research Grants Only**

Trial Name:

Principal Investigator:

Institution:

Co-Investigator(s):

Additional Institution(s):

Anticipated Study Start Date:

Other Institutions Requesting Grant Money from:

Study Hypothesis/Overview:

Submission Checklist (all documentation/information required for consideration of funding):

- CV and relevant financial disclosures
- Summary/Synopsis of the proposal
- Proposal/protocol
  - Background,
  - Hypothesis,
  - Primary Endpoint,
  - Secondary Endpoint(s),
  - Methods (inclusion/exclusion criteria, data collection, outcomes measurements, etc.)
  - Statistical analysis plan (data analysis, sample-size justification and applicable power analysis),
  - Safety plan
  - Publication plan
- Expected Duration of study:



- Detailed study budget:
  - Total funding requested: \$
  - Equipment only:
  - Assistance requested with manuscript preparation
- Bibliography of relevant literature (optional)

Date when funding is needed:  
Tax identification number (where applicable):

**Part 6: Certification**

I confirm that the information provided is true and complete to the best of my knowledge after reasonable investigation.

If funding is to an HCP, I further certify that the grant is not being offered or provided as a price concession, reward to favored customers, or inducement to recommend, prescribe or purchase Galvanize Therapeutics products, and is not being tied in any way to past, present, or future use of Galvanize Therapeutics products.

Submitted by:

\_\_\_\_\_   
(please sign on line above)

Name of Contact Person for Requestor: \_\_\_\_\_

Email of Contact Person for Requestor: \_\_\_\_\_

Phone Number of Contact Person for Requestor: \_\_\_\_\_

***Please do not write anything below this double line. For Company's use only. Company to input the data for the fields below the double line.***



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**Part 7: Attachments**

- Requestor documentation asking for grant
- W9 or W8-BEN (as applicable)
- Event agenda
- Event brochure
- Budget
- Learning objectives
- Grant Agreement or Letter of Agreement
- Other: \_\_\_\_\_

**Part 8: Grant Committee Approval**

- Approved
- Denied

**Part 9: Signatures of Approval**

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Part 10: Reporting (for U.S. Entities)**

- Yes  No  NA Is reporting required under the Sunshine Act?
- Yes  No  NA Is reporting required under state law (e.g., MA, VT, CT, DC, MN)?

**Part 11: Post-Hoc**

|   |  |
|---|--|
| Confirmation of use of grant (optional) | Date of contact: _____   |
|   | Contact made by: _____   |
|   | Confirmation Successful <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Name of Individual Contacted: _____  |